



CLIENT INFORMATION
Unum Life Insurance Company of America
2211 Congress Street
Portland, Maine 04122

This information initiates Unum processing that ultimately produces your contract, employee booklets, and bills. We thank you for completing this information accurately and promptly returning it.

SECTION 1: Company Information

Company Legal Name <i>(Please use punctuation and any abbreviations that apply)</i> Sumter County Board of County Commissioners		Employer Main Phone Number 352-689-4400
Address 7375 Powell Road, Suite 206		Employer Identification Number (EIN): 59-6000865
City Wildwood	State/Province Florida	State/Province of Jurisdiction (where corporate headquarters is located) Florida
Zip/Postal Code 34785	Country USA	
Nature of Business (please specify): County Government		Number of Years in Business Established 1853
Are U.S. employees in other states or countries covered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, List employees by state and country on census)		Are foreign nationals covered under this plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, List employees by state and country on census)
Does the company participate in a Workers' Comp/PERA/PERS Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Are other divisions, subsidiaries, or affiliates covered under this plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, attach name, address, relationship and nature of business)		
Does the company have employees working in locations other than the city/state where the Master application was signed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No **County Government - employees work throughout the County		
Are employees in these other locations to be covered by this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If you answered "Yes" to the last two questions, complete the final page of this form, "Important Company Location Information."

SECTION 2: Type of Organization

- | | | |
|----------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Regular C-Corporation (1120) | <input type="checkbox"/> Sole Proprietorship (1040, Schedule C) | <input checked="" type="checkbox"/> Government Organization |
| <input type="checkbox"/> Subchapter S-Corporation (1120S) | <input type="checkbox"/> Trust | <input type="checkbox"/> Non-Profit Organization (990) |
| <input type="checkbox"/> Partnership (1065) | <input type="checkbox"/> School or Municipality | <input type="checkbox"/> Other (Please Specify) _____ |
| <input type="checkbox"/> Limited Liability Company (1065)* | <input type="checkbox"/> Association | |
| <input type="checkbox"/> Limited Liability Partnership (1065)* | <input type="checkbox"/> Union | |

*Indicate IRS tax form filed if not 1065 _____

SECTION 3: ERISA Information

Plan Name Not Applicable	Plan Number
Plan Year Ends	Employer Phone Number

SECTION 4: Contacts

Decision-maker for company's employee benefits Bradley Arnold, County Administrator	Telephone Number 352-689-4400
E-mail Address Bradley.Arnold@sumtercountyfl.gov	Fax Number 352-689-4401
Plan Administrator/Correspondent Name (if different than above) Kitty Fields	Telephone Number 352-689-4400
E-mail Address Kitty.Fields@sumtercountyfl.gov	Fax Number 352-689-4401
Claims Contact (if different than above) Pamela Webb	Telephone Number 352-689-4400
E-mail Address Pamela.Webb@sumtercountyfl.gov	Fax Number 352-689-4401
Billing Contact (if different than above) Art Bisner	Telephone Number 352-689-4435
E-mail Address Art.Bisner@sumtercountyfl.gov	Fax Number 352-689-4436
Does your Company utilize a Third Party Administrator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Third Party Administrator's Name	Telephone Number
E-mail Address	Fax Number

SECTION 5: Eligibility Information

Description of eligible employees Full-Time and Part-Time 20+ hours per week	Number of eligible employees
Minimum number of hours the employee must work to be covered 20	
Are any employees excluded? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, who? OPS temporary employment	Is there anyone not actively at work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, who? N/A
Are any dependents disabled under Life plans? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, who?	
Is Board of Directors included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Board of County Commissioners
Canadian Employees:	
Does the company employ residents of Canada? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, are the employees covered under this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Waiting Period: Present Employees:	
Are all current employees covered as of the effective date? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, do they have the same waiting period as future hires? <input type="checkbox"/> Yes <input type="checkbox"/> No
Waiting Period: Future Employees:	
<input type="checkbox"/> No Waiting Period	
1st of the month coinciding with or next following: <input checked="" type="checkbox"/> 60 day(s) of active employment OR <input type="checkbox"/> ___ month(s) of active employment	The day following completion of: <input type="checkbox"/> ___ day(s) of active employment OR <input type="checkbox"/> ___ month(s) of active employment
Payroll billed cases only — First pay period following: <input checked="" type="checkbox"/> 60 day(s) of active employment OR <input type="checkbox"/> ___ month(s) of active employment	<input type="checkbox"/> No Waiting Period <input type="checkbox"/> Other, please specify
Credit Prior Service: Does prior service apply? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If policyholder wants to credit time in an eligible or ineligible class toward meeting the waiting period, select Yes.	
For Long Term Care Coverage ONLY – Terminated Employees Terminate Coverage on:	
Termination Date <input checked="" type="checkbox"/> End of Month <input type="checkbox"/> End of Payroll Period (if payroll billing selected)	
Domestic Partner (Life coverage requires Underwriting approval)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION 6: Contributions - Check one of the following and complete the applicable questions.

- ☒ Your company (the employer) pays 100% of the plan premiums. Are Owners covered under the plan? ... STD - 100% employer paid ☒ Yes ☐ No
- ☒ Your employees pay 100% of the plan premiums LTD - Employee optional
Are employee-paid premiums paid through a Section 125 plan? (Not applicable for LTC) ☐ Yes ☒ No
- ☐ Both the employer and the employee share the funding of the plan premiums
Indicate percentage of the contribution paid by the employer: _____ %
- ☐ Your company (the employer) funds base plan with employee buy-ups. Are employee-paid premiums through a Section 125 plan? (Not applicable for LTC) ☐ Yes ☐ No
Indicate percentage of the contribution paid by the employer: _____ % for employee coverage
_____ % for dependent coverage
- ☒ Is participation mandatory? ☐ Yes ☒ No
If No, have participation requirements been met? ☒ Yes ☐ No

Tax Choice questions are applicable for Group Long Term Disability and Short Term Disability products.

Does your company's (the employer's) **disability plan** provide for the choice between having premiums paid on a fully pre-tax or fully post-tax basis at the election of the employee or the employer? **Note:** An additional cost may be associated with Tax Choice options.*

If yes, check one of the following premium funding arrangements which describes the tax choice plan design that your company (the employer) has selected:

- ☐ The Employer pays 100% of the premium and includes this contribution in the Employee's taxable income (i.e. mandatory "gross up").
- ☐ The Employer pays 100% of the premium and each Employee is offered the choice of whether to have premium included in the Employee's taxable income (i.e. elective "gross up").
- ☐ The Employee pays 100% of the premium and each Employee is offered the choice of whether to have premium deducted on a pre-tax basis (inside a Section 125 plan) or on a post-tax basis.
- ☐ The Employer has a base/buy-up plan where the Employer and the Employee share in the funding of the plan that offers a choice of having premium paid on a fully pre-tax basis or a fully post-tax basis.
- ☐ Other. Please describe _____
- ☐ Does the tax choice plan design apply to all employees or a class of employees? Please explain. _____

* If your LTD or STD contract does not currently have a Tax Choice option and you would like to have it added, this could result in an increase in the sold rate.

SECTION 7: Insured Earnings Definition

(please complete thoroughly as benefits and premiums will be based on this information): (Not Applicable for LTC)

- | | |
|---------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Salary Only | <input type="checkbox"/> Partners - Prior Year K-1 |
| <input type="checkbox"/> Prior Year W-2 | <input type="checkbox"/> Subchapter S Corporation |
| <input type="checkbox"/> Prior Year W-2 Without Bonuses | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Salary & Bonuses* | <input type="checkbox"/> Teachers Contract (1/12th of annual contract salary) |
| <input type="checkbox"/> Salary & Commissions | <input type="checkbox"/> Teachers Contract (1/9th or 1/10th of contract salary) |
| <input type="checkbox"/> Salary, Commissions & Bonuses | <input checked="" type="checkbox"/> Other Insured Earnings Definition (please specify) |
| <input type="checkbox"/> Salary & Overtime | Base salary plus scheduled overtime |

Do earnings reported as salary include contributions to a Qualified Deferred Compensation plan? ☒ Yes ☐ No

Do earnings reported as salary include contributions to a Section 125 Plan or Flexible spending account? . ☒ Yes ☐ No

If earnings differ by employee group(s), class(es), or division(s), please specify differences below:

***Bonus Questionnaire:** (only complete this section if the plan's Insured Earnings Definition includes bonuses)

Is bonus based on a pre-determined formula? ☐ Yes ☐ No

If Yes, is the formula/payment of the bonus based on:

- ☐ Company performance (describe criteria)
☐ Individual performance (describe criteria)
☐ A combination of individual & company performance (describe criteria)

Criteria: _____

Indicate the percentage of each: ____% individual performance ____% company performance

How long has the bonus plan been in effect? _____

How many times has the bonus been paid? _____

Does the company plan to continue the bonus plan indefinitely? ☐ Yes ☐ No

Who is eligible for the bonus? _____

Are disabled employees eligible for the bonus? ☐ Yes ☐ No

If Yes, are they eligible only in the year in which they last worked? ☐ Yes ☐ No

If No, please explain _____

SECTION 8: Prior Plan Information

Does this plan replace other coverage? ☒ Yes ☐ No

If so, attach a copy of the prior plan's contract or employee booklet and complete the following:

Coverage	Effective Date	Termination Date	Prior Carrier Name
Long Term Disability	10/1/2010	09/30/2011	Sun Life Financial
Short Term Disability	10/1/2010	09/30/2011	Sun Life Financial
Life (and/or Life AD&D)			
Long Term Care			

SECTION 9: STD

For STD Only: (Not applicable for LTC)

To whom are STD benefits check payable? ☒ Employee ☐ Employer

STD FICA Match: (there is an additional cost for this service) ☐ Yes ☒ No
Effective Date _____

Statutory Coverage:

Please indicate if the company has employees who work in any of the following states.*

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> New York | <input type="checkbox"/> New Jersey |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> California |
| <input type="checkbox"/> Rhode Island | <input type="checkbox"/> Puerto Rico |

If so, are these employees covered under this plan? ☐ Yes ☐ No

If yes, are these employees covered under the Statutory plan? ☐ Yes ☐ No

*The states listed above have special requirements for disability coverage which your Unum contract may not satisfy.

Are any entities filed as a "Plan or Agreement"? If so, provide the DB-801 or DB-802 form as documentation for proper state filing.

SECTION 10: Administration and Billing

Internet Administration and Billing:

Please Note: Unum's standard method of delivery of the premium statement is through your employer internet services site which includes online premium statements, online employee changes, evidence of insurability reporting, forms, brochures, and your plan administrator's guide.

Minimum System Requirements:

- Microsoft Internet Explorer 6.0
- Mozilla Firefox 3.0
- Netscape 8.0

Billing Type:

☐ List Bill ☒ Self Accounting

Billing Mode:

☒ Monthly ☐ Other

Payment Options:

☒ Check via mail ☐ Electronic Authorization ☐ Recurring Automatic Debit

Plan Administrator and Billing Contacts (listed on page 1) will automatically receive access to these services and will have the capability of registering additional users for access to the company's security information.

Payroll Deduction Information Needed by _____ (Unum needs 30 days to code enrollments)

Do you want your billing cycle to match your payroll cycle?.....

☐ Yes ☒ No

(Note that if the product is Select Income and includes base/buyup, payroll billing is not available)

Payroll Cycle:

- ☐ Monthly (12 pay cycles/year) ☐ Bi-weekly (26 pay cycles/year)
☐ Semi-monthly (24 pay cycles/year) ☐ Weekly (52 pay cycles/year)

SECTION 11: Employee Booklets

Note: Employee booklets are provided to you via employer internet services site or via e-mail. This enables you to distribute the booklets to your employees via e-mail or from your company's intranet site, so long as you can comply with the Department of Labor's electronic delivery requirements. If none of the above distribution options meet your needs, please contact your Unum representative.

SECTION 12: Acknowledgment

Effective Date for Unum Plan
10/01/2011

Anniversary Date for Unum Plan
10/01/2012

Please Confirm Sold Rate(s)

STD	LTD	Life
AD&D	Dependent Life	LTC
Your Name	Date	

Signature

SECTION 13: Important Company Location Information

Company location information is imperative. If the company has subsidiaries filed with their own FEIN with current employees working in the provided location, complete the following in detail.

1) (Main situs) Company Name and FEIN Number

Address

Relationship & Nature of Business

2) Company Name and FEIN Number

Address

Relationship & Nature of Business

3) Company Name and FEIN Number

Address

Relationship & Nature of Business

4) Company Name and FEIN Number

Address

Relationship & Nature of Business

If there are more than four locations to be covered, please continue on another sheet. List the same information as requested above. Locations within the same state but not at the same address must be noted separately.

Once you have listed all locations to be covered by this policy, indicate on your census which employees work at which location, using the numbers relevant to each location's information. **See this example of Company Location and Census Coding:**

1) (Main situs)

Company Name: Excellent Ice Cream Company
Address: 999 Central Road, Someplace, New Jersey 07000
Nature of Business: Food Processing

2) (Second Location in another state)

Company Name: Excellent Ice Cream Delivery
Address: 222 Ice Cream Lane, Someplace, Delaware 19700
Nature of Business: Trucking/No Warehousing

3) (Third Location also in same state as second location, but at a different address)

Company Name: Excellent Ice Cream Packaging
Address: 444 Dairy Road, Someplace Else, Delaware 19701
Nature of Business: Food Product Packaging

LAST NAME	FIRST NAME	GENDER	SSN	OCCUPATION	DOB	DOH	ANN SAL	HRS/WK	LOC #
Doe	John	M	999-99-9999	President	07/09/1956	01/01/1986	75000	40	1
Doe	Jane	F	888-88-8888	Vice President	01/02/1964	01/01/1986	50000	40	2
Fox	James	M	777-77-7777	Truck Driver	08/03/1963	01/01/1985	40000	40	2
Employee	Joe	M	666-66-6666	Packer	06/22/1970	01/01/1999	30000	40	3

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